### RECEIVED CENTRAL FAX CENTER SEP 2 2 2005

\*\*\*\*\* FACSIMILE COVER SHEET \*\*\*\*

SEP 22 2005 10:31

Message To:	
<b>&amp;</b> 915712738300	
Message From:	
	· · · · · · · · · · · · · · · · · · ·

41
Pages
Follow This Cover Page

RECEIVED OIPE/IAP

SEP 2 3 2005

### Microsoft<sup>®</sup>

Where do you want to go today?"



RECEIVED CENTRAL FAX CENTER SEP 2 2 2005

Microsoft Corporation
One Microsoft Way
Redmond, WA 98052-6399

www.microsoft.com Phone: (425) 882-8080 Fax: (425) 708-5048 Telex: 160520 Msft Byue

To:	USPTO - Attn: Ryan Yang	From:	Carole A. Boelitz
Company:		Bldg/Room:	21/1168
CC:		Phone Number:	(425) 722-6035
Phone Numb	at'	Date & Time Sen	t: 09/22/2005
Fax Number:	(TT4) 070 0000	No. of Pages:	41
Fax Humber.	(0.1)		
☐ Urgent	☐ For Review ☐ Please Comment	Reply	
Message	·		
First Seria	icant: Microsoft Corporation Named Inventor: Drucker al No.: 09/195,728 g Date: November 18, 1998 VIEW DEPENDENT TILI	Examine Group Al Confirma	
Atta	ched please find the following documents	submitted in connection	on with the above-identified patent
•	General Filing Transmittal (in duplicate) Fee Transmittal (total fee \$120.00; in duplicate) Extension of Time Request (1 month; in duplicate) Amendment and Response to OA of 05/31/05 Drawing Replacement Sheet (1 sheet, attached Annotated Drawing Sheet (1 sheet, attached the sheet)	icate) i (32 pages) d to p. 31 of Amendment)	
	<u>CERTIFICATE OF</u>	MAILING OR TRANSMISSION F 37 CFR § 1.8(a))	<b>x</b> ·
	(Unde		
	I hereby certify that this correspondence is below to the United States Patent and Trade	being transmitted by facsimi	ile on the date shown 300.

CONFIDENTIALITY STATEMENT: The information in this facsimile message is legally privileged and confidential information intended only for the use of the addressee listed on this cover sheet, if the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this telecopy is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone at the number listed on this cover sheet and return the original message to us at the above address via the United States Postal Service. We will reimburse any costs you incur in notifying us and returning the message to us. Thank you.

## RECEIVED TO 915712738300 CENTRAL FAX CENTER

SEP 2 2 2005

	Application Number			m ber	- [	09/195,728 November 18, 1998			
TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing Date						
			First Named Inventor Group Art Unit			Steven M. Drucker			
						2672			
			Examiner Nam	<b>12</b>		Ryan R. Yang			
Label No.:			Attorney Dock	et Nomber		112375.01			
	ENCLO	)SU	RES (check all	that apply)	_				
Fee Transmittal Form (total fee \$120.00; in duplicate)			uent Papers (pplication)			After Allowance Communication to TC			
Fee Attached	_ `	awing	· ' [ {			Appeal Communication to Board of Appeals and Interferences			
Amendment / Repty (32 pages) After Final Aftidavits/declaration(s)		clarat New		ages)		Appeal Communication to TC (Appeal Nodee, Brief, Reply Erief)			
Extension of Time Request (1 month; in		A co	py from a prior a			Proprietary Information			
duplicate)	ىنا 🗀	ensin	g-related Papers			Status Letter			
Express Abandonment Request	☐ Per	ition				Application Data Sheet			
Information Disclosure Statement with Form PTO/SB/08A ( pages)			to Convert to a Provisional Ition			Request for Corrected Filing Receipt			
Response to Notice to File Missing Parts  A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	☐ Ge	neral				Return Receipt Postcard  Other Enclosure(s) (please identify			
CERTIFICATE OF MAILING OR TRANSMISSION (Under 17 CFR § 1,8(a))	l		FR 3.73(b) Statement			below):  Fax Cover Sheet			
I hereby certify that this correspondence is being:  ☐ deposited with the United States Postal	<del>-</del>	,	at for Refund			☐ Copy of this Transmittal form☐ Drawing Replacement Sheet (1 heet, attached to p. 31 of Amendment)☐ Annotated Drawing Sheet (1 sheet, ttached to p. 32 of Amendment)☐			
Service on the date shown below with sufficient postage as first class mail in an envelope addressed to:	I _	•							
Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or	CD, Number of CD(s)				attı				
Expressible on the date shown below to the USPTO at (571)273-590.  September 22, 2005  Date  Remarks  The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.									
SIGNATURE OF ATTORNEY OR AGENT									
Signature Carrillo									
Name of Attorney or Agent Carole A. Boelitz									
Date 7/24/03	Tel.	÷	425) 722-603		,	csimile No. (425) 708-5046			
Assignee Name:		C	MICROSOFT ONE MICROS REDMOND, V	OFT WA	Υ	ION ·			
Customer Number:	Customer Number: 22971								

# RECEIVED CENTRAL FAX CENTER TO 915712738300

SEP 2 2 2005

Effective on 12/08/04  Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  Application Number 19/195.728									
Fees pursuant to the	Consolidated Appro	priations Act, 2005	(H.R. 4818).	Application Nu	mber		95,728		
	TRAN	Filing Date			ember 18				
	For FY				Steven M. Drucker				
				Examiner Name Rya Art Unit 267:			yan R. Yang		
<ul> <li>Applicant clair</li> </ul>	ns small entity s	tatus. See 37 C	FR 1.27	Attorney Dock	et No				
TOTAL AMOUNT OF PAYMENT (\$) 120.00 Express Mail Label No. N/A									
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ C	redit Card	Money Or	der 🗌 No	ne 🗌 Other	(please identify):				
☑ Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION									
				eby authorized to	o: (check all that a	pply)			
Charg Charge under	e fee(s) indicate e any additional 37 CFR 1.16 an	d below fee(s) or underpa d 1.17	ayments of fee(	☐ Ch ⊠ Cn	arge fee(s) indica edit any overpaym	ated below, e lents	·		
WARNING: Informa information and aut	tion on this form horization on PT	n may become p O-2038.	ublic. Credit ca	rd information s	hould not be inch	uded on this f	orm. Provide	credit card	
FEE CALCULAT	ION								
1. BASIC FILIN			INATION F	EES				,	
	FILE	NG FEES <u>Small Enti</u>		CH FEES Small Entity	EXAMINATIO	ON FEES ail Entity			
Application Ty	pe <u>Fee</u>		Fee (\$			ee (\$)	Fees Pa	id (\$)	
Utility	300	150	500	250	200	100	0		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0	0		
2. EXCESS CLA Fee Description	IM FEES		-				Fee (\$)	Small Entity Fee (\$)	
Each claim over 2 Each independent Multiple dependen	t claim over 3 d						50 nt 200 360	25 100 180	
Total Claims	Extra C			Pald (\$)	Multiple Depe		_		
41 - 42 o HP≕lighest number	r HP= 0 r of total <del>claims pa</del>	x <u>50</u> d for if one eter the	≠ <u>0</u>		Fee (\$) 0	<del>Fee</del> Pai 0	<u>d (\$)</u>	ì	
Indep. Claims	Extra CI	<u>eims</u> <u>Fee</u>		Paid (\$)			<del></del>	j	
7 -7 ol HP = highest numb	· HP⊨ 0 er of Independen	x 200 claims paid for,	= 0 If greater than 3	_ <del></del>				I	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  -100 = 0 / 50 = 0 (round up to a whole) number x 250 = 0									
4. OTHER FEE(				_ ,,, ,, ., .,				0	
Non-English Sp	•	\$130 fee (no sm	all entity discor	unt)			F-005	Pald (\$)	
• .		Fee for 1 m		,			\$	120.00	
UBMITTED BY	1								
ignature	Theret.	1. Breed		Registration No.	48,958	Telephone	(425) 722-	6035	
	arole A. Bo	ality /		(Attorney/Agent)	70,330	Date 5	/22-/	×	
lame (Print/Type) C	arole A, BO	FILE				Date	100	<i>u</i> 3	

#### TO 915712738300

P.05/41

### SEP 2 2 2005

**CENTRAL FAX CENTER** 

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)    Sent via Express Mail				****		_			
FORM (to be used for all correspondence after initial filing)    Sent via Express Mail			<u></u> -	Application Nu	mber		09/195,728		
Group Art Unit   2672   Examiner Name   Ryan R. Yang				Filing Date			November 18, 1998		
Crosp Art Unit   Crosp Art Unit   Examiner Name   Ryan R, Yang				First Named Inventor			Steven M. Drucker		
Sent via Express Mail		œ)	Group Art Uni	t		2672			
ENCLOSURES (check all that apply)    See Transmittal Form (total fee \$120,00; in duplicate)   Assignment Papers (for an Application)   After Allowance Communication to TC   Appeal Communication to Board of Appeals and Interferences   Appeals and Interferences   Appeal Communication to Board of Appeals and Interferences   Appeal Communication to Board of Appeals and Interferences   Appeal Communication to TC (Appeal Notes, Brief, Rapy Body)   Active Float   Appeal Communication to TC (Appeal Notes, Brief, Rapy Body)   Appeal Communication to TC (Appeal				Examiner Nam	iė		Ryan R. Yang		
ENCLOSURES (check all that apply)    Fee Transmittal Form (total fee				Attorney Dock	et Number		112375.01		
Assignment Papers   After Allowance Communication to TC   S120.00; is duplicate)   Fee Attached   Drawings   Drawings   Appeals and Interferences   Appeals and Interfer		ENC	LOSU	RES (check all	thai apply)				
Sizo.00; is duplicate)									
Amendment / Reply (32 pages)	,						After Allowance Communication to TC		
Amendment / Reply (32 pages)  After Final After Final After Final After Final After Final Acopy from a prior application (37 CFR 1.63(d)) ( pages)  Licensing-related Papers  Express Abandonment Request Information Disclosure Statement with Form PTO/SB/08 A ( pages) Response to Notice to File Missing Parts Under 37 CFR 1.52 or 1.5  CERTIFICATE OF MAILING OR TRANSMISSION (Inder 37 CFR 1.8(a)) I hereby certify that this correspondence is being: Acopy for the Shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  Extraosalited by facilimite on the date shown below to the USPTO at (571)273-5476.  Remarks  Amendment / Reply (32 pages)  Newly Executed ( pages) Newly Executed ( pages)  Newly Executed ( pages)  Newly Executed ( pages)  Newly Executed ( pages)  Newly Executed ( pages)  Newly Executed ( pages)  Newly Executed ( pages)  A copy from a prior application  (37 CFR 1.63(d)) ( pages)  Proprietary Information  Proprietary Information  Proprietary Information  Request for Corrected Filing Receipt  Return Receipt Postcard  Other Enclosure(s) (please identify below):  Extension of Attorney (SB80)  Terminal Disclaimer  Request for Refund  Fax Cover Sheet  Copy of this Transmittal form  Drawing Replacement Sheet (1 sheet, attached to p. 31 of Amendment)  Annotated Drawing Skeet (1 sheet, attached to p. 32 of Amendment)  Application  Terminal Disclaimer  Terminal		1	yor an i	чрриовнопу			Appeal Communication to Board of		
After Final			Drawing	<del>}</del>			Appeals and Interferences		
Affidavits/declaration(s)			Declarat	tion			Appeal Communication to TC		
Extension of Time Request (1 month; in duplicate)		l –				_	(Appeal Notice, Brief, Reply Brief)		
Express Abandonment Request						Proprietary Information			
Express Abandonment Request	duplicate)		Licensin	o-related Paners	Telated Papels		Status Letter		
□ Information Disclosure Statement with Form PTO/SB/08A (pages) □ Response to Notice to File Missing Parts □ A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 □ CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR 6 1.8(a)) □ I hereby certify that this correspondence is being: □ deposited with the United States Postal Service on the date shown below with sufficient postage as first class smail in an envelope addressed to: Box 1450, Alexandria, VA 22313-1450; or □ transmisted by facsimile on the date shown below to the USPTO at (571)273-190. □ The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application. □ Request for Corrected Filing Receipt □ Return Receipt Postcard □ Return Receipt Postcard □ Return Receipt Postcard □ Return Receipt Postcard □ Chesse identify below: □ Terminal Disclaimer □ Copy of this Transmittal form □ Drawing Replacement Sheet (1 sheet, attached to p. 31 of Amendment) □ Sheet, attached to p. 31 of Amendment) □ Ch. Number of CD(s) □ Annotated Drawing Sheet (1 sheet, attached to p. 32 of Amendment) □ Ch. Number of CD(s) □ The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.	Express Abandonment Request			-B			Audiosia Des Chare		
Form PTO/SB/08A ( pages)  Response to Notice to File Missing Parts A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5  CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR 6 1.8(a)) I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Box 1450, Alexandria, VA 22313-1450; or  transmitted by facsimile on the date shown below to the USPTO at (571)273-190.  Request for Convert to a Provisional Application  Request for Corrected Filing Receipt  Return Receipt Postcard  Other Enclosure(s) (please identify below):  Fax Cover Sheet Copy of this Transmittal form Drawing Replacement Sheet (1 sheet, attached to p. 31 of Amendment)  Application  Request for Corrected Filing Receipt  Return Receipt Postcard  Other Enclosure(s) (please identify below):  Fax Cover Sheet Copy of this Transmittal form Application  Request for Corrected Filing Receipt  Return Receipt Postcard  Cother Enclosure(s) (please identify below):  Fax Cover Sheet Copy of this Transmittal form Application  Request for Corrected Filing Receipt  Return Receipt Postcard  Cother Enclosure(s) (please identify below):  Fax Cover Sheet Copy of this Transmittal form Application  Request for Corrected Filing Receipt  Return Receipt Postcard  Cother Enclosure(s) (please identify below):  Fax Cover Sheet Copy of this Transmittal form Application  Terminal Disclaimer  Copy of the Tonsmittal form Application  Terminal Disclaimer  Copy of this Transmittal form Application  Terminal Disclaimer  Terminal Disclaimer  Copy of this Transmittal form Application  Terminal Disclaimer  Copy of this Transmittal form Application	Information Displacate Statement with		Petition	-		ш	Appression Date Sheet		
Response to Notice to File Missing Parts  A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5  CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(u))  I hereby certify that this correspondence is being:  deposited with the United States Postal  Service on the date shown below with sufficient postage as first class small in an envelope addressed to:  Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  transmitted by facsimile on the date shown below to the USPTO at (571)273-590.  Remarks  The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	,						Request for Corrected Filing Receipt		
□ A copy of the Notice to File Missing Party Under 37 CFR 1.52 or 1.5  CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR 6.18(0))  I hereby certify that this correspondence is being: □ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Box 1450, Alexandria, VA 22313-1450; or  ☑ transmitted by facsimile on the date shown below to the USPTO at (571)273-figu.  Request for Refund □ CD, Number of CD(5) □  ☑ transmitted by facsimile on the date shown below to the USPTO at (571)273-figu.  Remarks Septem ber 22, 2005 □ The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.			Applica			П	Return Receipt Postcard		
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a))  I hereby certify that this correspondence is being:  deposited with the United States Postal  Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  Enabled by facsibilite on the date shown below to the USPTO at (571)273-5991.  Remarks  Septem ber 22, 2005  Date  Signature  Sherry Smith.  137 CFR 3.73(b) Statement  Bottomy:  Copy of this Transmittal form  Drawing Replacement Sheet (1  sheet, attached to p. 31 of Amendment)  Sheet, attached to p. 32 of Amendment)  CD, Number of CD(s)  The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			General Power of Attorney (SB80)		_	•			
Cluder 37 CFR § 1.8(a)     I hereby certify that this correspondence is heing;   deposited with the United States Posmal   Request for Refund   Drawing Replacement Sheet (1 sheet, attached to p. 31 of Amendment)     CD, Number of CD(s)   Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or   Enabled to p. 32 of Amendment)     CD, Number of CD(s)   Amondated Drawing Sheet (1 sheet, attached to p. 32 of Amendment)     CD, Number of CD(s)   Amondated Drawing Sheet (1 sheet, attached to p. 32 of Amendment)     CD, Number of CD(s)   The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		1			1231				
☐ deposited with the United States Postal  Service on the date shown below with sufficient postage as first class shall in an envelope addressed to: Box 1450, Alexandria, VA 22313-1450; or  ☐ CD, Number of CD(6) ☐  ☐ CD,			Termina	l Disclaimer			Fax Cover Sheet		
Service on the date shown below with sufficient postage as first class shall in an envelope addressed to:  Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  In the date shown below with sufficient postage as first class shall in an envelope addressed to:  Box 1450, Alexandria, VA 22313-1450; or  In the date shown below with sufficient postage and provided to p. 31 of Amendment)  CD, Number of CD(6)  Annotated Drawing Sheet (1 sheet, attached to p. 32 of Amendment)  September 22, 2005  Date  The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.				5- B-6-4					
Mail Stop Amendment, Commissioner for Patents, P.O.  Box 1450, Alexandria, VA 22313-1450; or  Stransmitted by facsimile on the date shown below to the USPTO at (571)273-5 go.  Remarks  Septem ber 22, 2005  Date  Signature  Sherry Smith.  CD, Nutritlet of CD(8)  attached to p. 32 of Amendment)  The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	Service on the date shown below with sufficient		Request	for Keruna		she	et, attached to p. 31 of Amendment)		
Box 1450, Alexandria, VA 223 (3-1450; or    X   transmitted by facilimite on the date shown below to the USPTO at (571)273-59 gn.   September 22, 2005   Signature     Signature     Sherry Smith.     Sherry Smit	Mail Stop Amendment, Commissioner for Patents, P.O.		CD, Nu	mber of CD(s)		att			
below to the USPTO at (571)273-899.  September 22, 2005  Date    Signature   Sherry Smith   Sher									
Date Signature O463 for the above identified patent application.		Ren	arks [						
Sherry Smith		M							
	0			PHOS IOI DIE ADOL	o lucituinou ;	pare	п арржавоп.		
SIGNATURE OF ATTORNEY OR AGENT	, SIGNAT	ľŲR	E OF	ATTORNI	Y OR A	ĢI	ENT		
Signature Reg. No. 48,958	Signature Lamina	Reg. I	No.	48,958					
	Name of Attorney or Agent		e A. Boelitz						
Name of Affordev of Agent 📝 👚 L Carola & Roelitz	TANISH AT LIBOTION AT LIBOTIA		2010L	A UP PAGILITY					

Printed Name				
SIGNAT	URE OF ATTOR	VEY OR AG	ENT	
Signature Lawrence	Reg. No.	48,958		
Name of Attorney or Agent	Carole A. Boelf	7		
Date 7/24/05	Tel. (425) 722-6	035 F	acsimile No.	(425) 708-5046
Assignee Name:	ONE MICR	T CORPORA DSOFT WAY , WA 98052	TION	
Customer Number:	22971			

### REQUIVED GENTRAL PAX CENTER

SEP 2 2 2005

Effecti	ve on 12/0	8/04			Comple	te if Kn			
Fees pursuant to the Consolidate	ad Appropi	riations Act, 2005 (H.R. 481)	B).	Application Nun	nber		09/195,728		
FEE TRANSMITTAL			Filing Date			November 18, 1998			
For FY 2005			First Named Inventor			Steven M. Drucker			
	Examiner Name Art Unit			Ryan R. Yang 2672					
☐ Applicant claims small	entity sta	itus. See 37 CFR 1.27					112375.01		
TOTAL AMOUNT OF PAYN	MENT	(\$) 120.00		Express Mail Label No.			N/A		
METHOD OF PAYMENT	(check	all that apply)		<del></del>	`				
☐ Check ☐ Credit Ca	rd [	Money Order [	□ No	ne 🗌 Other (	please identify):				
□ Deposit Account Deposit     □ Deposit Account Deposit Account Deposit     □ Deposit Account Deposit Accou					ount Name: MIC		FT CORPO	RATION	
For the above-identif	ied depo	sit account, the Director	ris her						
☑ Charge fee(s) le ☑ Charge any add under 37 CFR 1	litional fe	e(s) or underpayments	of fee(	☐ Cha s) ⊠ Cred	rge fee(s) indic lit any overpayr		ow, except fo	r the filing fee	
WARNING: Information on the information and authorization	nia form ( n on PTC	may become public. Cr I-2038.	edit ca	rd information sh	ould not be inc	luded on	this form. Pro	vide credit card	
FEE CALCULATION									
1. BASIC FILING, SEA		G FEES		CH FEES	EXAMINATI	ON FEE	S		
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (\$	Smail Entity Fee (\$)		all Enti Føø (\$)	<u>ty</u> Fee:	s Paid (\$)	
Utility	300	150	500	250	200	100	0		
Design	200	100	100	50	130	65	<del>*</del>		
Plant	200	100	300	150	160	Ţ.			
	300				600	80 300			
Reissue		150	500	250	•		0		
Provisional 2. EXCESS CLAIM FEES	200 S	100	0	0	0	0	Fee	Small Entity (\$) Fee (\$)	
Fee Description  Each claim over 20 or, for  Each independent claim o  Multiple dependent claims	Reissue ver 3 or	es, each claim over 2 , for Reissues, each	0 a <b>n</b> d indepe	more than in the endent claim mo	original pater re than in the	nt original	50	25 0 100	
41 -42 or HP= 0		x <u>50</u> =	Fee	Paid (\$)	Multiple Dep Fee (\$)		ilaims e Paid (\$)		
inP=highest number of total d. Indep. Claims	aims paid <u>xtra Clai</u>		Fee S	Paid (\$)	0		0	-	
7 -7 or HP= 0									
3. APPLICATION SIZI If the specification and di for each additional 50 sh	awinas e	raction thereof. See 35	U.S.C.	. 41(a)(1)(G) and 3	37 CFR 1.16(s).		•	:	
Total Sheets -100 =	Extra Si 0	heets /50 = 0		additional 50 or _ (round up to a v			<u>e (s)</u> 250 =	Fee Paid (\$) ()	
4. OTHER FEE(S)		<del></del>						Fees Pald (\$)	
Non-English Specification	m, \$1	130 fee (no small entity	disco	unt)			•	0	
Other: Extension of	Time I	Fee for 1 month						\$120.00	
UBMITTED BY	-								
ignature (In	M.	the !		Registration No.	8,958	Telep	hone (425) 7	22-6035	
ame (Print/Type) Carole	Hoe	ltz /		(Attorney/Agent) 4	·,	Date	9/22	-/25	
mine (Limit Abel Calois )	. DUU!					72018	1100	700	